

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

DICK L. DEARDEN FOR STATE SENATE

IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

DICK L. DEARDEN

Political Party (if applicable)

Office Sought

STATE SENATE

District (if Senate or House)

34

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Joanne Wenger
SIGNATURE OF PERSON FILING REPORT

(515) 278-1052
TELEPHONE

1-14-10
DATE SIGNED

I AM FILING A _____ REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

1714.80

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

4420.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

6134.80

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

5000.00

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

1134.80

**UNPAID BILLS (From Schedule D - Attach Schedule D)

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

31.46

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FORM

DR-2

(Rev. 12/2005)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

840

Logged In

Scanned

Computer

Audited

File with:

Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-3701

For Instructions, See Back of Form

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

DEARDEN FOR STATE SENATE COMMITTEE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
8/31/09	ID# CK# 7126	JOSEPH GRACE 257 COTTONWOOD DR. SW ALTONA - IA 50009		\$ 20 ⁰⁰	<input type="checkbox"/>
8/31/09	ID# 6107 CK# 3667	G WEST IPAC #6107 925 HIGH ST. DES MOINES, IA 50309		100 ⁰⁰	<input type="checkbox"/>
8/31/09	ID# CK# 1407	BRIAN & JOANN JOHNSON 6724 PANORAMA DR PANORA - IA 50246		100 ⁰⁰	<input type="checkbox"/>
8/31/09	ID# CK# 1994	MICHAEL HELLER 1621 SOUTH 50TH PL W. DES MOINES - IA 50265		100 ⁰⁰	<input type="checkbox"/>
8/31/09	ID# CK# 1975	MATTHEW FIDE 329 - 43RD ST DES MOINES - IA 50312		100 ⁰⁰	<input type="checkbox"/>
8/31/09	ID# 6058 CK# 4515	IA CHIROPRACTIC SOCIETY PAC 6058 100 E GRAND AV STE 240 DES MOINES - IA 50309		100 ⁰⁰	<input type="checkbox"/>
8/31/09	ID# 6052 CK# 3411	IND. INS AGENTS OF IA 4000 WESTOWN PKWY STE 200 W. DES MOINES - IA 50265		250 ⁰⁰	<input type="checkbox"/>
8/31/09	ID# CK# 5991	JAY T. DOLL 1738 PLUM THICKET LN. W. DES MOINES, IA 50266		500 ⁰⁰	<input type="checkbox"/>
8/31/09	ID# CK# 1616	MARK DOLL 815 SOUTH BRANCH DR WAUKEE - IA 50263		500 ⁰⁰	<input type="checkbox"/>
8/31/09	ID# 6098 CK# 3681	IA BEV PAC 321 E. WALNUT STE 310 DES MOINES - IA 50309-2026		1000 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$2770 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DEARDEN FOR STATE SENATE COMMITTEE

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11/11/09	ID# 6084 CK# 1095	IA. SOC. OF ANESTHESIOLOGISTS PAC 525 SW 5 TH ST. STE-A DM. IOWA 50309-4501		\$ 100 ⁰⁰	
12/09/09	ID# 6478 CK# 1202	IANA-PAC 1156 - FOREST ST CARROLL IA 51401		250 ⁰⁰	
12/12/09	ID# 6067 CK# 4152	IA HEALTH PAC 6067 1795 - 96 TH SE W. DES MOINES IA 50266-4563		200 ⁰⁰	
12/18/09	ID# 6146 CK# 1869	HOMEBUILDERS ASSOC PAC 9001 HICKMAN RD STE 210 DES MOINES-IA		100 ⁰⁰	
1/4/10	ID# 6059 CK# 3394	ICAR 1111 OFFICE PARK RD W. DES MOINES-IA 50265		400 ⁰⁰	
1/6/10	ID# CK# 7304	GARY & MARY SLATER 3303 E. UNIVERSITY AV DES MOINES IA 50317		150 ⁰⁰	
1/5/10	ID# 6082 CK# 1458	MIDAMERICAN ENERGY CO EFFECTIVE GOV. COMM 666 GRAND AV DES MOINES-IA 50303-0657		200 ⁰⁰	
1/14/10	ID# 6001 CK# 4570000324	NATIONWIDE MUTUAL INS CO PAC 1100 LOCUST RD DES MOINES IA 50391		250 ⁰⁰	
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 1650

TOTAL (if last page of this schedule)

\$ 4420

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Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DEARDEN FOR STATE SENATE COMMITTEE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-4-10	ID# 9098 CK# 291	SENATE MAJORITY FUND 5661 FLEUR DR DES MOINES IA 50321	CONTRIBUTION	\$ 5000 ⁰⁰
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 5000 ⁰⁰

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

DEARDEN FOR STATE SENATE COMMITTEE

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
8/5/09	IOWA MAJORITY FUND SENATE 5601 FLEUR DR DM-FA 50321		U.S.P.S POSTAGE	\$ 31.46	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

31.46

TOTAL (if last

\$

page of this
schedule)

31.46

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Page _____ of _____
(for Schedule E)